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To: Examiner L.J. Ramillano
Group Art Unit 1797, USPTO

From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/603,625
Attorney Docket No.: KAS-183

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal;
Amendment;
Petition for Extension of Time for three months; and
Credit Card Payment Form in amount of \$1,110.00 in
Payment of three month EOT fee.**

for John R. Mattingly Reg. No. 62,484
John R. Mattingly February 18, 2009
Reg. No. 30,293 Date

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Form PTO-1083

Patent

In RE application of S. MATSUBARA et al

Case Docket No. KAS-183

Serial No.: 10/603,625

Group Art Unit: 1797

For: AUTOMATIC ANALYZER

Examiner: L.J. Ramillano

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Sir:

Transmitted herewith is a Request for Continued Examination, a Petition for Three-Month EOT and an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra
Total	Minus **	=
Indep.	Minus ***	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims		

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 380	\$
Total	\$

OR

* If the entry in Col. 1 is less than the entry in Col. 2, write '0' in col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space.
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$ 1,110.00 is attached for 3 month EOT
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: February 18, 2009

02-18-'09 14:26 FROM-Mattingly, Stanger

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PTO/SB/30 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4848))

PAGE 3/3 * RCVD AT 2/18/2009 2:24:57 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-4/11 * DNIS:2738300 * CSID:703 684 1157 * DURATION (mm-ss):08-44